

FAMILY COURT FIRST CIRCUIT STATE OF HAWAI'I	ADOPTION HEARING FLAG SHEET	CASE NUMBER FC-A NO.
<p>In the Matter of Adoption of A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD, Born on: A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD, Born on: A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD, Born on: A <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CHILD, Born on:</p> <p style="text-align: center;">by</p> <p><input type="checkbox"/> the legal spouse of <input type="checkbox"/> and <input type="checkbox"/> the child(ren)'s legal parent <input type="checkbox"/> husband and wife <input type="checkbox"/> an unmarried person</p> <p style="text-align: right;">Petitioner(s).</p>	<p><input type="checkbox"/> ATTORNEY FOR PETITIONER(S) <input type="checkbox"/> PETITIONER(S) PRO SE</p> <p>Name</p> <p>Address</p> <p>City, State, Zip Code</p> <p>Telephone Number</p>	
<p>I. Type of Adoption: ('x' all that apply) <input type="checkbox"/> Consent <input type="checkbox"/> Non-Consent <input type="checkbox"/> Stepparent <input type="checkbox"/> Relative <div style="text-align: right;">(Relationship to Child)</div> <input type="checkbox"/> Agency <div style="text-align: right;">(Name of Agency)</div> </p> <p>II. Consent(s) have been obtained from the following person(s)/agency: ('x' all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Mother <input type="checkbox"/> Natural and Legal Father <input type="checkbox"/> Natural/Adjudicated Father <input type="checkbox"/> Legal Only Father <input type="checkbox"/> Other </div> <div style="width: 45%;"> <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Agency: <input type="checkbox"/> Child(ren) 10 years old and over) </div> </div> </p> <p>III. Consent(s) have not been obtained from the following person(s)/agency: ('x' all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Mother <input type="checkbox"/> Natural and Legal Father <input type="checkbox"/> Natural/Adjudicated Father <input type="checkbox"/> Legal Only Father <input type="checkbox"/> Other </div> <div style="width: 45%;"> <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Agency: <input type="checkbox"/> Child(ren) 10 years old and over) </div> </div> </p> <p>IV. Consent(s) of person(s) is paragraph III may be dispensed with and is not required because:</p> <div style="border: 1px solid black; height: 150px; width: 250px; margin-left: auto;"></div>		

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<p>V. The following exhibits/documents have been filed:</p> <div style="margin-left: 20px;"> <input type="checkbox"/> Certified copy of each child's birth certificate <input type="checkbox"/> Petitioner's marriage certificate <input type="checkbox"/> Marriage certificate of adult adoptee <input type="checkbox"/> Death certificate for child(ren)'s <input type="checkbox"/>mother <input type="checkbox"/>father <input type="checkbox"/> Divorce Decree for <input type="checkbox"/>male petitioner <input type="checkbox"/>female petitioner <input type="checkbox"/> Order Appointing Legal Custodian or Guardian of the child(ren) <input type="checkbox"/> Paternity Judgment for child(ren) <input type="checkbox"/> Certified copy Judgment of Termination of Parental Rights <input type="checkbox"/> Certified copy of Order Awarding Permanent Custody <input type="checkbox"/> Affidavit of Birth Background <input type="checkbox"/> Foreign Adoption Placement Agency's Affidavit <input type="checkbox"/> Medical certificate for each child <input type="checkbox"/> Statement of Mailing of Notice to DHS </div> <p>VI. Have any foreign language documents been translated into English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>VII. The following documents have been given to the adoption clerk:</p> <div style="margin-left: 20px;"> <input type="checkbox"/> DOH Medical Information form, Birth Parent's Consent to Release of Information <input type="checkbox"/> Mother's medical records of the child(ren)'s birth and Mother's Consent to Release. <input type="checkbox"/> Copy of the Adoption Information Sheet </div> <p>VIII. List any missing documents, which are required by statute, rule or official memorandum:</p> <p>_____.</p> <p>IX. Does Interstate Compact on the Placement of Children (ICPC) apply? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If yes, have all requirements of ICPC been met? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>X. Does the Indian Child Welfare Act (ICWA) apply to this case? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If yes, have all requirements of ICWA been met? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>XI. Are you aware of any opposition or object to the Petition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If yes, by whom (include relationship to child(ren) and reason by objection, if known):</p> <p>_____.</p>		
The undersigned attorney or petitioner pro se hereby certifies that to the best of his or her knowledge and belief, all of the foregoing are true and correct.		
DATE	SIGNATURE OF ATTORNEY OR PETITIONER PRO SE	